



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90025 005 \*\*\*\*50.00

<b>DOCUMENT # L03000053542</b>		
1. Entity Name <b>SOUTH FLORIDA UROLOGY MANAGEMENT G.P., L.L.C.</b>		
Principal Place of Business <b>2500 HALLANDALE BEACH BLVE STE 500 HALLANDALE BEACH, FL 33309</b>		Mailing Address <b>2500 HALLANDALE BEACH BLVE STE 500 HALLANDALE BEACH, FL 33309 US</b>

00041346

2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2500 Hallandale Bch Blvd</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Penthouse 2</b>		
City & State		City & State <b>Hallandale Beach,</b>		4. FEI Number <b>20-0487867</b>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
<b>33009</b>		<b>Broward</b>		

04172007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KRAMER, ROBERT M 4000 HOLLYWOOD BLVD., SUITE 485-SOUTH HOLLYWOOD, FL 33021</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOSEK, RICHARD		NAME		
STREET ADDRESS	21150 BISCAYNE BLVD., SUITE 404		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	MGRD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIST, MARK		NAME		
STREET ADDRESS	21150 BISCAYNE BLVD., SUITE 404		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITTELMAN, MARC		NAME		
STREET ADDRESS	21150 BISCAYNE BLVD., SUITE 404		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINES, JACK		NAME		
STREET ADDRESS	21150 BISCAYNE BLVD., SUITE 404		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMOWITZ, HARVEY		NAME		
STREET ADDRESS	21150 BISCAYNE BLVD., SUITE 404		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, MITCHELL		NAME		
STREET ADDRESS	21150 BISCAYNE BLVD., SUITE 404		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Richard B. Antosek, D.O., MGR**

**4/16/2007 954 748-4771**

Date

Daytime Phone #